

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY
(includes Reference to PCT International Applications)

ATTORNEY'S DOCKET
NUMBER
PHNL020901 US

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: **"Generation of a sound signal"** the specification of which (check only one item below):

☐ is attached hereto.

☐ was filed as United States application

Serial No _____

on _____

and was amended _____

on _____

☒ was filed as PCT international application

Number PCT/IB2003/004002

on 16 September 2003

and was amended under PCT Article 19

on _____ (if applicable).


I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

| COUNTRY | APPLICATION NUMBER | DATE OF FILING DAY, MONTH, YEAR | PRIORITY CLAIMED UNDER 35 USC 119 |
|---------|--------------------|------------------------------------|---|
| Europe | 02078943.4 | 23 September 2002 | YES |
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|---|-------------------------|--|--|--|--|
| Combined Declaration For Patent Application and Power of Attorney (Continued) (includes Reference to PCT International Applications) | | | | Attorneys Docket Number PHNL020901 US | |
| POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number) | | | | | |
| Jack E. Haken, Reg. No. 26,902 Michael E. Marion, Reg. No. 32, 266 Edward M. Blocker, Reg. No. 30,245 | | | | Direct Telephone Calls to: (name and telephone number) (914)332-0222 | |
| 201 | FULL NAME OF INVENTOR | FAMILY NAME AARTS | FIRST GIVEN NAME Ronaldus | SECOND GIVEN NAME Maria | |
| | RESIDENCE & CITIZENSHIP | CITY Eindhoven | STATE OR FOREIGN COUNTRY The Netherlands | COUNTRY OF CITIZENSHIP The Netherlands | |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS Prof. Holstlaan 6 | CITY 5656 AA Eindhoven | STATE & ZIP CODE/COUNTRY The Netherlands | |
| 202 | FULL NAME OF INVENTOR | FAMILY NAME IRWAN | FIRST GIVEN NAME Roy | SECOND GIVEN NAME | |
| | RESIDENCE & CITIZENSHIP | CITY Groningen | STATE OR FOREIGN COUNTRY The Netherlands | COUNTRY OF CITIZENSHIP The Netherlands | |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS Oostersingel 23-39 | CITY 8713 EX Groningen | STATE & ZIP CODE/COUNTRY The Netherlands | |
| 203 | FULL NAME OF INVENTOR | FAMILY NAME SCHOBEN | FIRST GIVEN NAME Daniel | SECOND GIVEN NAME Willem Elisabeth | |
| | RESIDENCE & CITIZENSHIP | CITY Eindhoven | STATE OR FOREIGN COUNTRY The Netherlands | COUNTRY OF CITIZENSHIP The Netherlands | |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS Prof. Holstlaan 6 | CITY 5656 AA Eindhoven | STATE & ZIP CODE/COUNTRY The Netherlands | |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon. | | | | | |
| SIGNATURE OF INVENTOR 201 | | SIGNATURE OF INVENTOR 202 | | SIGNATURE OF INVENTOR 203 | |
| | |  | | | |
| DATE | | DATE 19 April 2004 | | DATE | |

U.S. DEPARTMENT OF COMMERCE- Patent and Trademarks Office

(July 1994)

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).

I hereby appoint:

☒ Practitioners associated with the Customer Number:

24737

OR

☐ Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):

| Name | Registration Number | Name | Registration Number |
|------|---------------------|------|---------------------|
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as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).

Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:

☒ The address associated with Customer Number:

24737

OR

| | | | |
|--|-------|-----|-----|
| <input type="checkbox"/> Firm or Individual Name | | | |
| Address | | | |
| City | State | Zip | |
| Country | | | |
| Telephone | | | Fax |


Assignee Name and Address:

KONINKLIJKE PHILIPS ELECTRONICS N.V.
Groenewoudseweg 1
5621 BA Eindhoven, The Netherlands

A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.

SIGNATURE of Assignee of Record

The individual whose signature and title is supplied below is authorized to act on behalf of the assignee

| | | | |
|-----------|---|-----------|-----------------|
| Signature |  | Date | 14 January 2005 |
| Name | Michael E. Marion | Telephone | (914) 333-9637 |
| Title | Authorized Representative | | |

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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| SIGNATURE OF INVENTOR 201 | | SIGNATURE OF INVENTOR 202 | | SIGNATURE OF INVENTOR 203 | |
|  | | | |  | |
| DATE 15 April 2004 | | DATE | | DATE 15 April 2004 | |

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(July 1994)